DOCUMENT RESUME

ED 381 949 EC 303 895

AUTHOR Miller, Maurice
TITLE Sources of Resilience Outcomes.
PUB DATE 7 Apr 95
NOTE 18p.; Paper presented at the International Convention of the Council for Exceptional Children (73rd, Indianapolis, IN, April 5-9 1995). Support for this research provided by the ALCD Foundation Grant.
PUB TYPE Speeches/Conference Papers (150) -- Information Analyses (070) -- Reports - Research/Technical (143)

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS *College Students; Higher Education; Individual Development; Influences; Interviews; *Learning Disabilities; *Personality Traits; *Psychological Characteristics; Student Attitudes; *Student Characteristics; Success
IDENTIFIERS *Resilience (Personality)

ABSTRACT

Elements leading to resilience or non-resilience in 10 undergraduate students who had been diagnosed as having a learning disability (LD) were studied. Subjects were labeled as either "resilient" or "non-resilient" depending on their grade point average in their major field. Themes which emerged as common experiences of resilient students from analysis of interview content included: success in a group/team experience, particular areas of strength, an encouraging teacher, a special friend, a strong drive to be self-determining, acknowledgement of the learning disability, and distinctive "turning points." A literature review preceding the report of the study looks at long-term outcomes for LD children, focusing on characteristics of resilience in which outcomes are better than might otherwise be expected. The review addresses outcomes for children with LD, definitions of resilience, learning disability as a risk factor in development of resilience, protective factors (such as a positive early child temperament and a supportive family milieu), and specific strategies to increase self-understanding and thus resilience. (Contains 22 references.) (DB)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)
☑ This document has been reproduced as received from the person or organization originating it.
☐ Minor changes have been made to improve reproduction quality.
• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

ED 381 949

Sources of Resilience Outcomes

Maurice Miller, Ph.D.
Professor, Special Education
Department of Communication Disorders and Special Education
Indiana State University
Terre Haute, IN 47809
(812) 237-2825
CSMILLR@befac.indstate.edu

Council for Exceptional Children International Convention
Indianapolis, Indiana
April 7, 1995

PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY
Maurice Miller
TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC).

Support for this research provided by an ALCD Foundation grant.

EC 303895

BEST COPY AVAILABLE

Sources of Resilience Outcomes

The "glass half empty" depiction of outcomes for students with learning disabilities (LD) is gloomy indeed. There is certainly an increased likelihood of continuing academic struggles, difficulties in social adjustment, retention or dropping out of school, and chronic low self esteem (Kavale, 1988). Yet, there is a "glass half full" depiction which can be made, for not all individuals with learning disabilities have such lamentable outcomes. In fact, the prognosis for some, both academically and vocationally, is generally good (Kavale, 1988). The question is, what makes the difference?

Predictable Outcomes for Learners with Learning Disabilities

Resilience researchers have pointed to several features which lead to less-than-optimistic outcomes for children who grow up in stressful situations. It is not likely that such children will "grow out of" their discouragement and, in fact, there is a higher-than-chance probability of negative outcomes for groups of children identified as at-risk in early years (Keogh and Weisner, 1993). Specifically, documented outcomes for learners with LD include elevated high school dropout rates, ongoing LD impact across the life span, underemployment, job difficulties, prolonged dependence on others, ongoing self-esteem and emotional difficulties, and high rates of dissatisfaction with their lives (Spekman, Goldberg, and Herman, 1993).

On a more optimistic note, Rutter (1987) notes that one's self-esteem or self-efficacy are not fixed features or "final attributes." Changes in the way one sees one's self can take place as a result of new experiences. He calls these the potential "turning points" in people's lives.

Resilience

Frequently, researchers have attempted to identify resilience not by what it *is* but by what it is *not*.. Therefore, they may have used the *absence* of psychopathology or of maladaptive behavior, as an indicator of resilience against high-risk conditions (Luthar and Zigler, 1991). This seems to have been the criteria Werner and Smith (1982) used in their groundbreaking studies. Others have opted for particular, but still quite general definitions. Thus, Beardslee (1989) simply states that resilience is: "unusually good adaptation in the face of severe stress" (p. 267). Beardslee continues and describes difficulties in defining, as assessing, resilience: "No...effort exists for the measurement of adaptive behavior or resilience.... The researcher or clinician must

define health or adaptation... and there is no agreement on a definition" (p. 266).

Outcome criteria indicating success and usually used as indicative of resilience. A variety of measures of success have been used--usually multidimensional (e.g. employment and life satisfaction) (Spekman, Herman, and Vogel, 1993). Spekman, Herman, and Vogel (1993) point out that much less consideration has been given to defining success for children. "To date... outcome measures [in studies with children] often are based exclusively on academic achievement or progress. This area needs expansion" (p. 62).

As some researchers have studied resilience in children, they have attempted to add more specification to variables depicting what resilience is *not*. Thus, Richmond and Beardslee (1988) studied children who had not "succumbed or become dysfunctional due to stress under consideration at the time of [the study's] assessment" (p. 159). Werner (1993) states that in the over-30 year follow-up of 698 children born in a Kauai community in 1955, resilience or *success* was essentially shown as *not*

being different from the norm on dimensions of: school/work, relationship with spouse/mate, relationship with children, relationship with peers, and self-assessment. Yet even these dimensions need further description. One might point to self-assessment, for instance, and inquire whether those with LD are "successful, well adjusted, and satisfied with their lives" (Spekman, Goldberg, and Herman, 1993).

Some researchers have focused on achievement--academically or vocationally--as the indicator of resilience. Keogh and Weisner (1993) attest that some learners with LD achieve well and are personally and academically successful, "becoming well--functioning and healthy adolescents and adults" (p. 4). Thus, as in Werner (1993), they "beat the odds."

Learning Disability as Risk Factor

There is conjecture that a learning disability could be considered as one of the *unexpected adverse accidents of fate* which are risk factors to resilience. That is, the fact of having a learning disability might be considered as a risk factor to further resilience itself--though this is strictly conjectural; little is known about the nature of LD as a risk factor (Spekman, et. al., 1992).

Still, it is not inappropriate to consider LD as a risk factor, since "any one variable may act as a risk factor in one situation [or] a vulnerability factor in another" (Rutter, 1987, 317). Rutter

continues, describing that which may be a risk variable for one person may be an enabler for another: as "immunization... comprises exposure to, and successful coping with, a small (or modified) dose of noxious infectious agent. Protection in this case resides not in the evasion of the risk but in successful engagement with it" (p. 318). And, *once taking the risk*, an individual may be not only immunized but actually strengthened by it. Here, Rutter gives the example of parachute jumping: "The protection stems from the adaptive changes that follow unsuccessful coping."

While a learning disability may be a risk factor in some, in others it may work as Rutter's immunizer--for some individuals with LD do go ahead to achieve success (Matejcek and Dytrych, 1993). Spekman, Goldberg, and Herman (1993) consider several dimensions of a learning disability and the way it may play a role in influencing impact and outcomes: the type of learning disability, the multiplicity of LD problems, the severity of the LD, the age at identification, its chronicity, the developmental stage of the individual when the LD is evident, and the individuals' sex. They acknowledge that risk in each of these dimensions can be exacerbated by other stressors which might also be present in the individual's life.

That the *risk* exists, Spekman, Goldberg, and Herman (1992) point out, is evidenced by the many adults with learning disabilities who do not do as well as might be predicted from IQ and family socioeconomic status variables: large percentages drop out of high school, remain financially dependent, live at home, and remain in low status jobs. Many have ongoing self-esteem and emotional difficulties, problems with self-perception and motivation, and high rates of dissatisfaction with their lives. Patton and Polloway (1992) echo that one must consider not only the employment and underemployment stance: "Although other, more personal outcomes (i.e. happiness, self-esteem, sense of achievement) have not been adequately studied, it is likely that many individuals with learning disabilities may not fare well in these areas, either" (p. 413).

Gerber, et al (1990) seem to further combine LD as a resiliency risk with Cohler's (1987)*stresses associated with major life roles* in noting that "it is very possible that developmental deficits [of LD] are exacerbated by increasing demands in adulthood," and "problems can get even worse in the adult years" (p. 572). Spekman, Goldberg, and Herman (1993) also attest to impact related to Cohler's *normative transitions*: "For example, it is natural for individual entering college

to feel stress.... However, those with a history of learning difficulties may experience even greater concern for their chances of academic success. Heightened emotional dependence on parents who have served as buffers and advocates for many years may make a move away from home even more stressful" (p. 13).

Luthar and Zigler's (1991) contribution of considering even the way life's "small hassles" affects resilience figures in here as well. Simply stated, even life's ongoing "small hassles" can have ongoing impact if individuals do not perceive that they have the resources to cope with the demands of those hassles. The elements in life's transitions or roles which may be regarded only as irritants by some may be thought of as major stumbling blocks by others, particularly when these are complicated by ongoing major adversities in individuals' lives. Luther and Zigler quickly point out, though, that life stresses by themselves are not primary determiners of adjustment. However, when life stresses are considered in combination with child attributes [such as LD] and other environmental factors, then one finds a more likely predictor of adjustment and success.

Protective Factors

Yet, one must attend to Werner's (1993) reminder that there are large individual differences among high-risk children in response to adversity in their lives. Fortunately, risk variables by themselves do not tell the whole picture. Not all children "at risk" are compelled to have dismal outcomes. She has found a "common core" of individual dispositions and sources of support which includes: "temperamental characteristics that elicit positive social responses from parents, peers, and teachers; efficacy, planfullness and self-esteem; competent caregivers and support adults (other than parents) who foster trust and a sense of coherence or faith; and 'second chance' opportunities in society at large [at school, at work, in church, in the military] which enable high-risk youths to acquire competence and confidence." (Werner, pp. 32-33)

Researchers have come up with a triad of protective factors: (1) positive early child temperament, (2) a supportive family milieu, and (3) the availability of meaningful support from extended family and other adults (Wyman, et al., 1991). The power of school as a protective factor is described by others. Garmezy (1993) illuminates the way schools can have a favorable climate, particularly when it represents a collaboration by teachers, parents and administrators. In

this context, the school can be a major protective factor. However, in negative contexts, " schools add to the cumulation of stressors." (p. 133) Richmond and Beardslee (1988) elaborate: "well-organized, well-run schools with high morale among staff are associated with much better outcomes for youth" (p. 159).

Strategies

To determine strategies which might lead to resilience for individuals with learning disabilities, it is productive to consider resilience strategies found for other groups. For civil rights workers, "self-understanding" was an essential dimension of their being able to function effectively. Relationships with others certainly was a key.

Summarizing studies of civil rights workers, medical survivors, and children whose parents had personality disorders, Beardslee (1989) finds five elements, or strategies, which have been integral to these individuals' resilience: (1) adequate cognitive appraisal of the situations and one's own response; (2) a realistic appraisal of one's capacity for action and their consequences; (3) taking action; (4) a developmental perspective of the challenging situation; and (5) cognitive understanding of the situation as being a protective factor.

Werner (1993) continues to point to life events as being critical turning points in determining whether the individual is likely to overcome or succumb to challenging circumstances. Particular events or actions which she highlights as having been central to an individual's becoming more resilient begin with joining the work force and establishing one's self in a career or job. This alone is rewarding and facilitating to many individuals. Secondly, seeking additional education (e.g. going to college) was also a booster for some. Comparably, others joined the armed forces--with the purpose of gaining an education or increasing vocational skills--as a fulfillment. Werner has found, as have others, that becoming an active member of a church or religious community has proved to be a booster as well.

The importance of self-understanding has often been highlighted by researchers. Gerber and Reiff (1991) attest to just how noteworthy self-understanding is in the development of successful adults with learning disabilities. They note that these individuals are "well aware of their strengths and weaknesses" and that they know how to "make intricate accommodations for themselves and have put compensatory systems into place at home and at work" (pp. 134-135).

New situations--whether routine or complex--must be "grappled with" and mastered by calling on strengths. Other research has corroborated the critical role played by self-understanding as a way for individuals with LD to feel self-confident and secure in generating alternative strategies in stressful situations (Spekman, Herman, and Vogel, 1993).

This self-understanding is a key to having a sense of "control" over situations (Gerber, Ginsberg, and Reiff, 1992). "Control," in this instance, means making conscious decisions to take charge of one's life, which includes adapting and shaping one's self. This kind of control also requires looking ahead and creating plans to deal with risky situations (Rutter, 1987).

Research literature has described several qualities of individuals with LD as they are *proactive* in planning and determining actions (Spekman, Goldberg, and Herman, 1992, 1993): a strong sense of being in control; actively engaging others; assuming responsibility for decisions made; believing in selves as being capable of change and influence; able to "dose" challenges; setting realistic goals; generating effective strategies for coping and reducing stress; persevering; and accepting and using support from others, in addition to self-understanding.

Adding to this list, Werner (1993) found that individuals with LD also knew how to defuse by having interests and hobbies which could provide solace. Additionally, they engaged in activities which allowed them to feel a part of a group (e.g. 4-H, YMCA) and, often, had positions of responsibility in such groups. Part of this responsibility was a sense of shouldering an experience to prevent others from having similar distress or discomfort.

All this worked together to result in positive self-esteem--which was supported by relationships with others. "The LD youngsters who overcame the odds all had at least one person in their lives who accepted them unconditionally" (Werner, 1993, 33).
Although LD children and adolescents have found peers to be this companion, they also found support from a parent or family member. A number of them also invested in
a close one-to-one relationship with an unrelated adult, such as a person in an organization (e.g. school, church) or simply the parent of a friend.

Not all individuals with LD are found to have such strategies on hand. Certainly, their lives can be complicated by additional stressors as well (Keogh and Weisner, 1993). Part of the complications may be the severity and comprehensiveness of their learning difficulties. Gerber

and Reiff (1991) report a correspondence between the severity of the learning disability and the difficulties individuals with LD have in adulthood.

Nevertheless, a strategy which has been discovered to work for many is a cognitive process of "reframing" (Gerber, Ginsberg, and Reiff, 1992). Reframing refers to "reinterpreting the learning disability experience in a more positive or productive manner" (p. 481). Stages of reframing include, first, recognizing the difficulty one has ("deal with who you are"). Accepting the learning disability and understanding its features in a particular situation then are necessary. Ultimately, one takes action which is appropriate to that particular situation--having been mentally "reframed."

Study of Resilience in LD

Purpose. The present study was undertaken to investigate elements leading to resilience in individuals with learning disabilities (LD). Informants were university students who had been diagnosed as having a learning disability and who were demonstrating some degree of academic success. For this study, *resilience* was operationally defined as having a grade point average (gpa) of at least 3.0 in courses within the college major and making satisfactory progress toward completing a university degree. Individuals who met this criteria were compared to university students with learning disabilities who did not. Informants were asked to provide information about their school careers, family life, socialization, and occupation experiences. Results of studies reviewed indicated that these would be most likely to be fruitful areas to investigate for revealing information.

Subjects. Potential subjects were solicited from a mid-size comprehensive university in the middle west. Notifications were posted around the campus and in the student newspaper as well as in campus student support services. These notices indicated that subjects were being sought for a research study. Subjects needed to provide verification of having been identified as having a learning disability, and they needed to be willing to be available for up to three hours of interview time. Because subjects nominated themselves for the study, there was no additional control over the nature of the learning disability, when the learning disability was first identified, or the kinds of special services which may have been provided when the subject had been a school-age student. Ten undergraduate students made themselves available for this study. An additional student, a

graduate student who had not had a learning disability diagnosed until entrance into graduate school, made himself available and provides interesting supplemental information. An original criterion of an overall grade point average of 3.0 as an indicator of resilience was not able to be used, since only one of the subjects would have met this criterion. The criterion for *resilience* was modified to a gpa of at least 3.0 in the major. Table II. shows subjects' majors and when the LD was first identified. Of the six resilient undergraduate subjects, four were first identified as having a learning disability early in their elementary school careers. Identification of the LD actually did not take place until college freshman or sophomore years for two. One of these is a returning, non-traditional student as well. Three of the four non-resilient subjects first had a learning disability identified when they were further along in their school careers--one as a high school junior, two when in college.

Public school experiences and services varied among the subjects. John Doe, for instance, was early put into a special school alongside students with serious emotional disturbances and mild-to-severe mental retardation. Others varied from attending resource rooms, or attending special high school classes, to few if any special services. The nature of the learning disability also had wide variations--some in reading, others in writing or math. Some were also diagnosed as having attention deficits (ADD). The severity and academic impact varied as well. The nature of the learning disability or special services provided were not, however, declared as variables controlling subjects as the study began.

Method. Students who presented verification of having been identified as having learning disabilities were accepted as subjects for the study. Subjects were individually interviewed in a comfortable, private university office. They gave written consent to participate in the study, have their gpa verified, and have interviews taped and transcribed. They were given the opportunity to use aliases, though some preferred not to. Interviews lasted one-two hours, and subjects were paid $5.00 per hour for their participation. Interviews were open and allowed the subject to discuss elementary and secondary school careers, descriptions of families, friends and social interactions, interests, work experiences, and academic or social difficulties they may have had (Spradley, 1979). Taped interviews were then transcribed.

The researcher then reviewed each transcription for further inspection of the content of subjects' comments and began to generate labels of recurrent themes which appeared in interview

records. A final reading of each interview then occurred to identify instances of the themes which appeared in these records. Thus, at the same time as searching for patterned relationships (Goetz & LeCompte, 1984), there was also a deliberate search to find disconfirming evidence (Garner, 1991).

Results. All subjects were quite open and wiling to tell their stories. While this was welcome, one might also question whether this too-ready openness could also be considered evidence of the continuing learning disability. That is, one might have anticipated that the general college student would be more guarded and self-censoring in an interview with a stranger. Observable evidence of a learning disability was present in many of these interviews. With few exceptions, expressive language difficulties were seen. Subjects' speech was fragment, they had difficulty in giving direct responses consistently on topic, and some memory and recall difficulties were present. Six of the subjects did not use aliases. One could question whether this was for the sake of candor or simply an inability to use an alias.

Some striking personality differences appeared between resilient and non-resilient subjects. With two exceptions (Eddie, Greg) those who were being academically successful were also less outgoing, exuberant, or verbally clever. The jovial, verbally creative characteristics of three of those who were academically less successful were noticeable during the interviews.

Attitudes about K - 12 school experiences also varied--particularly toward special education provided by the schools. Chad comments: "I'm severely thankful that I had to go to that [LD resource] period a day.... I loved the teacher to death. Still every time I go back I try and get to the school and talk to her." In contrast, Eddie says, "I felt restrained in special ed.... Special classes? I hated it." John--who was placed in a separate special education school-- states: "I was very angry, very angry about being in the learning disabled program." Students who did not receive special education tended to dislike other approaches schools might take. Brittany comments that teachers put her into groups of low achievers: "It made me feel worse." Amy describes a student as tutor when she was a high school freshman: "I hated that."

Themes which arose from review of the interviews tended to be congruent with elements of resilience in other populations (Keogh & Weisen, 1993). There was consistent evidence of coming from families where parents valued education and encouraged academic performance. Sara

felt that family members had even higher academic expectations of her than they did of other family members. Casey commented that, "My dad always pushed me." Yet academic encouragement, or at least encouragement toward intellectual interests, was evident from the non-resilient subjects as well. Brittany describes her parents' frustration with schools not providing support so that enroll her in a costly after-school agency. Ann describes her family as, "We tend not to do well academically, but we're all very bright verbally."

In actuality, themes which arose do not consistently differentiate between the academically achieving, resilient subjects and those who are academically unsuccessful. Themes which were evident from the interviews of the resilient students, though, included:

Success in a group/team experience. For three of these individuals, a successful school athletic team experience was recorded. Eddie says of his decision to participate in football and wrestling: "It's the only reason I was going to school." Derrick describes football and wrestling teams "like family." Amy started running track because: "It was the only thin I succeeded in." Chad also found respite in football, and in theater as well. Greg, too, describes success in football and basketball--even at the risk of a serious re-injury of an eye. Interestingly, Sara showed promise on the violin in fourth and fifth grade, but then dropped music in junior high school. However, this was not consistent among all the subjects. Sara reports that she was not active in high school organizations, and both Amy and Casey say they had no particular high school involvements other than their athletic teams.

Yet, the non-resilient subjects reported school team experiences as well. Both Anne Monroe and Brittany were quite involved in dance and social organizations, and Ann found herself quite involved in both theater and musical performing groups.

Particular areas of strength. Academic strength areas were often held up as areas where they shined, even when academic frustrations appeared in the areas of the learning disability. Thus students who had difficulty in writing enthusiastically described a love for reading. Eddie was quite proud of his CAD abilities and success in landscape design. While there was avoidance of areas where they had difficulty ("I never read."), there were also times when the subjects deliberately put themselves into academic challenges--as if to show themselves that they cold do it. Chad, whose difficulties are in written expression, asserts: "I made myself learn spelling rules. I

even got into journalism the last three years of high school."

Other particular areas of strength also were noted as sources of satisfaction. Eddie--who does not display the kind of language difficulties referred to earlier--found much success even in high school as a disc jockey for a local radio station. Casey has a string of success experiences as a nanny. Sara takes pride in the responsibilities she was given to care for siblings.

An encouraging teacher. Although subjects related many frustrating and even angering experiences with teachers, most described a particular teacher--often from middle school years--that gave them the boost to feel that that could be successful. For Chad, this was the middle school special education teacher. For Casey, not only a junior high English teacher but a teaching assistant at that level paid particular attention to her.

Not all subjects found this to be the case, though. Eddie says about teachers: "Nobody ever actually sat down and said, 'I believe in you. I think you can do this'." "I never really had a mentor or anybody to look up to." His response was to prove to teachers that he could perform. In high school he demanded: "I want to take college prep courses." When one teacher tried to advise him into a less academic strenuous section, he said, "No, I'm not going to go." One semester he determined to make honor roll: "Something hit me, and I just said, 'I can. I'm going to do this'."

Special Friend. Some did not list the influence of special friends. Chad says, "I never really had any close guy friends." Amy asserts she had "hardly any friends," but she then goes on to list several. For others, though, the value of a close friend who accepted their academic difficulties was dramatic. Derrick says he and a high school friend were "like brothers." Eddie found a friend, but not until his college freshman year, who "actually believed that I could do it."

The friend Brittany noted attended the same after-school agency when they were high school juniors. Anne Monroe also lists a friend who became particularly close and helpful in college. Although Ann and Sara say they have high school friends, none leaves a particular impression as being a support. John, however, declares, "I never really had the standard amount of friends."

Self-Determination. Numerous statements were found describing the self-determination and striving evident in these subjects. Perseverance was certainly noted--Amy says of school work: "I

try and try." From Casey, "I like to do things on my own." Eddie is most articulate is this regard: "I actually had to find it within myself." "Going to college was like a *grudge*, against everybody."

Yet, this was clearly one element which did not differentiate the less successful subjects. They were also quite articulate. John states, "I can rise above. I've always had that philosophy." Anne Monroe and Brittany are quite proud of their own self-understanding and self-determination--being the ones to drive themselves: "I had to prove that I could do it. I wanted to see if I could make it by myself."

Acknowledgement of the learning disability. None of these subjects shied away from acknowledging their learning difficulties. In fact, it was making a conscious decision to admit particular difficulties but to continue to strive anyway that gave them the drive to continue. They seemed to accept the learning disability as a fact, but not to dwell on any difficulties it presented. Some used this as a point to prove that they could succeed *in spite* of the learning disabilities--as with Eddie's: "Like a grudge."

Different perspectives were apparent in how actively others were made aware of the learning disability, however. Brittany is quite forceful: "I will not broadcast it out. I want to be treated the same." Others used discretion--being willing to mention it to college professors, for instance, if was needed. But only then.

Distinctive "turning points." Turning points described were often described within the combination of experiences--a close, accepting friend, an encouraging teacher or other adult, particular success experiences, and a determination to do. Yet there were times when, as with Eddie, "Something hit me." For Sara, this was finding a skill area where she *could* succeed--in Job Corps. For Derrick, Chad, and Greg, it was persuasion for teachers and relatives that could go to college and be a success.

Conclusions

One of the principal reasons for undertaking this study was to see if elements which were sources of resilience in individuals with learning disabilities could be found. If so, the hope was then to be able to generate ways that these could be used with children currently in school in order to assist them in becoming more resilient. Sources of information were current university students with learning disabilities. The operational definition of resilience was academic success in college

even though this was "against the odds" for someone with a learning disability. Academically successful, and less successful, university students with LD were interviewed. It was hoped that distinctive differences which contrasted these two groups of students would be identified.

This hope was not altogether fulfilled. That is, indeed, some consistent elements in those who were resilient were found. However, some of these were also present in the less successful students, and no element was present in each individual. And, these elements do not pertain only to students with learning disabilities, for related literature shows that other groups demonstrating resilience have some of the same features.

Still, these elements are noteworthy enough, and sufficiently clear, that they could lead to programmatic elements among school age children. They could lead, one hopes, to resilience and success instead of the dismal picture portrayed by many current school students with learning disabilities:

Success in a group/team experience..

Particular areas of strength.

An encouraging teacher.

Special Friend.

Self-Determination.

Acknowledgement of the learning disability.

Distinctive "turning points."

References

Beardslee, W.R. (1989). The role of self-understanding in resilient individuals. *American Journal of Orthopsychiatry, 59,* (266-278).

Cohler, B.J. (1987). Adversity, resilience and the study of lives. In E.J. Anthony and B.J. Cohler (Eds.), *The Invulnerable Child.* (pp. 363-424). New York: Guilford.

Garmezy, N. (1993). Children in poverty: Resilience despite risk. *Psychiatry,56,* 127- 136.

Garner, D. (1991). Interpreting. In M. Ely (Ed.), *Doing Qualitative Research: Circles within Circles.* (139-178). New York: Falmer Press.

Gerber, P.J., Ginsberg, R., & Reiff, H.B. (1990). *Identifying alterable patterns in employment success for highly successful adults with learning disabilities.* (Project No. H133G98500). Washington, D.C.: U.S. Department of Education, Office of Special Education and Rehabilitation Services.

Gerber, P.J., Ginsberg, R., & Reiff, H.B. (1992). Identifying alterable patterns in employment success for highly successful adults with learning disabilities. *Journal of Learning Disabilities, 25,* 473-487.

Gerber, P.J., & Reiff, H.B. (1991). *Speaking for themselves: Ethnographic interviews with adults with learning disabilities.* Ann Arbor, MI: University of Michigan Press.

Goetz, J.P., & LeCompte, M.D. (1984). *Ethnography and qualitative design in educational research.* Orlando: Academic Press.

Kavale, K.A. (1988). The long-term consequences of learning disabilities. In M.C. Wang, M.C. Reynolds, & H.J. Walberg (Eds.), *Handbook of Special Education: Research and Practice (Vol.2).* New York: Pergamon Press (pp. 303-344).

Keogh, B.K., & Weisner, T. (1993). An ecocultural perspective on risk and protective factors in children's development: Implications for learning disabilities. *Learning Disabilities Research and Practice, 8,* 3-10.

Luthar, S.S., & Zigler, E. (1991). Vulnerability and competence: A review of research on resilience in childhood. *American Journal of Orthopsychiatry, 61,* 6-22.

Matejcek, Z., & Dytrych, Z. (1993). Specific learning disabilities and the concept of psychological subdeprivation. *Learning Disabilities Research and Practice, 8,* 44-51.

Patton, J.R., & Polloway, E.A. (1992). The challenge of adulthood. *Journal of Learning Disabilities, 25,* 410-415.

Richmond, J.B., & Beardslee, W.R. (1988). Resiliency: Research and practical implications for pediatricians. *Journal of Developmental and Behavioral Pediatrics, 9,* 157-163.

Rutter, M. (1987). Psychosocial resilience and protective mechanisms. *American Journal of Orthopsychiatry, 57,* 316-331.

Spekman, N.J., Goldberg, R.J., & Herman, K.L. (1992). Learning disabled children grow up: A search for factors related to success in the young adult years. *Learning Disabilities Research and Practice, 7,* 161-170.

Spekman, N.J., Goldberg, R.J., & Herman, K.L. (1993). An exploration of risk and resilience in the lives of individuals with learning disabilities. *Learning Disabilities Research and Practice, 8,* 11-18.

Spekman, N.J., Herman, K.L., & Vogel, S.A. (1993). Risk and resilience in individuals with learning disabilities: A challenge to the field. *Learning Disabilities Research and Practice, 8,* 59-65.

Spradley, J.P. (1979). *The ethnographic interview.* New York: Holt, Rinehart and Winston.

Werner, E.E. (1993). Risk and resilience in individuals with learning disabilities: Lessons learned from the Kauai longitudinal study. *Learning Disabilities Research and Practice, 8,* 28-34.

Werner, E.E., & Smith, R.S. (1982). *Vulnerable but invincible: A longitudinal study of resilience in children and youth.* New York: McGraw Hill.

Wyman, P.A., Cowen, E.L., Work, W.C., & Parker, . (1991). Developmental and family milieu correlates of resilience in urban children who have experienced major life stress. *American Journal of Community Psychology, 19,* 405-426

Table I. **Risk and Protective Factors Associated with Resilience**

Risk Factors	Protective Factors
Moderate-to-severe perinatal complications	Positive Temperament
Serious or repeated illness	Age-appropriate sensorimotor and perceptual skills
Chronic poverty	Availability of kin and neighbors
Maternal-mental illness	Family of four or fewer children
Chronic family discord	Good relationships with parents
Multiple hospitalizations	Well-functioning schools
Being taken "in care" by others	Adequate and safe shelter
	Availability of good medical care

based on : Keogh and Weisen, 1993

Table II. **Characteristics of Resilient and Non-Resilient LD Subjects**

Subject (alias)	Year in School	University Major	Age/Grade when Identified
Resilient:			
Amy	Junior	Soc. Studies Ed.	3rd grade
Casey	Senior	Rec. Therapy Comm.	College Freshman
Chad	Freshman	Theater	4th grade
Derrick	Sophomore	Electronics Tech.	3rd grade
Eddie	Sophomore	Architect. Tech.	3rd grade
Sara	Junior (non-trad.)	Special Education	College Sophomore
Greg	Doctoral	Counseling Psych.	Graduate School
Non-Resilient:			
Ann	Junior (non-trad.)	English Lit.	College Sophomore
Anne Monroe	Senior	Communications	College Junior
Brittany	Freshman	Pre-Dentistry	Junior, High School
John	Junior	Communications	2nd Grade